

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33358

FILED OCT 8 1952

318

PRIMARY REG. DIST. NO.

1003

State File No.

Registrar's No.

8394

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If limitation: residence before admission) a. STATE Missouri b. COUNTY St. Louis					
b. CITY (If outside corporate limits, write RURAL and give township) OR St. Louis				c. CITY (If outside corporate limits, write RURAL and give township) OR Lemay 23, 4000					
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Hospital				d. STREET ADDRESS (If rural, give location) 3904 Avenue F					
3. NAME OF DECEASED (Type or Print)		a. (First) Fred		b. (Middle) E.		c. (Last) Ripper			
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Jan. 16, 1870			
9. AGE (In years last birthday)		10. MONTHS		11. DAYS		12. HOURS			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) iron work		10b. KIND OF BUSINESS OR INDUSTRY retired		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Adam Ripper		13b. MOTHER'S MAIDEN NAME Caroline		14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. ?		17. INFORMANT'S SIGNATURE OR NAME Hilda Schwegel		ADDRESS 3904 Avenue F			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac Hypertrophy DUE TO (c) Cardiac Decompensation II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201					
22. I hereby certify that I attended the deceased from 8-30, 1952, to 9-5, 1952, that I last saw the deceased alive on 8-30, 1952, and that death occurred at 4 P. M., from the causes and on the date stated above.									
23a. SIGNATURE W. G. Ryell				23b. ADDRESS 3804 Wilmington		23c. DATE SIGNED 9-6-52			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 9/8/52		24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cem		24d. LOCATION (City, town, or county) (State) Lemay 23, Mo.			
DATE REC'D BY LOCAL SEP 6 1952		REGISTRAR'S SIGNATURE J. Earl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Fendler Und. Co.		ADDRESS 7420 Michigan			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Mallard
3800 Wilmington

8

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

M. W. Ruetter

Licensed Embalmer No.

4865

P. O. Address

St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.